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THE IMPLEMENTATION OF THE HUMAN RIGHTS OF WOMEN

TRADITIONAL PRACTICES AFFECTING THE HEALTH OF WOMEN AND THE GIRL CHILD

Third report on the situation regarding the elimination of traditional practices affecting the health of women and the girl child, produced by Mrs. Halima Embarek Warzazi pursuant to Sub-Commission resolution 1998/16

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Introduction

1. In resolution 1998/16, the Sub-Commission on Prevention of Discrimination and Protection of Minorities recommended that the mandate of the Special Rapporteur on traditional practices affecting the health of women and the girl child should be extended to ensure the completion of her task, as called for in resolution 1996/19, and at the same time to enable her to follow up recent developments at all levels, including the General Assembly. In its resolution 1999/80 of 28 April 1999, the Commission on Human Rights approved the Sub-Commission's proposal. This third report is thus submitted pursuant to the resolutions referred to above.

2. It should be recalled that in each of her previous reports (1996-1998), the Special Rapporteur deplored the small number of replies received from Governments, particularly those concerned by traditional practices affecting the health of women and the girl child, to the Secretary-General's note concerning the Plan of Action. In 1996 she noted that only 25 countries had replied; in 1997 Governments were even less forthcoming with replies from only seven countries. In 1998, the Special Rapporteur received just four replies, confirming the statement in the conclusion to her report to the Sub-Commission at its forty-ninth session (E/CN.4/Sub.2/1997/10 and Add.1) that "the silence of many States concerned justifies unflinching mobilization both nationally and internationally".

3. In accordance with the Sub-Commission's mandate, the Special Rapporteur devoted her previous reports to replies from States concerning the implementation of the Plan of Action to eliminate traditional practices affecting the health of women and the girl child. Despite the disappointment voiced in the reports, it should be noted that mobilization within the societies affected by the phenomenon of harmful traditional practices is still a force for positive, albeit slow, change.

4. Pessimism and discouragement at the size of the task of combating and eradicating such practices are no excuse for abandoning the struggle. The campaign now embarked upon must be pursued with the same will to succeed, with the perseverance which alone can topple barriers, and with unbounded faith in the dignity of all human beings, in particular the women and girls who are most sorely deprived of it.

5. The Special Rapporteur has chosen to devote this third report to a brief survey of the subject and a non-exhaustive presentation of the action taken, nationally and internationally, to combat traditional practices affecting the health of women and the girl child, before summing up the prevailing situation at the dawn of the third millennium.

I. HISTORICAL BACKGROUND

6. Female circumcision seems to be one of those age-old customs and traditions, whose murky historical origins and background have not been properly clarified. Many research projects, studies and investigations have been carried out in past decades. Researchers and experts have sifted through

the past, criss-crossed continents, deciphered ancient writings and studied histories and civilizations in an effort to find the origins and reasons for this practice which has stood the test of time.

7. Great historians such as Herodotus tell us that in the fifth century BC the Phoenicians, the Hittites and the Ethiopians practised circumcision. Other investigators tell us that the rite of circumcision was practised by pagan peoples in the tropical zones of Africa and in the Philippines, by the Incas in Mexico, by certain tribes in the Upper Amazon, and in Australia by the Arunta women. Last century some European doctors even resorted to circumcision to treat mental disturbances in women. In other words, the practice has been followed by a number of peoples and societies across the ages and the continents.

8. When one studies traditional practices, in particular female genital mutilation, it must first be noted that they are rooted in a whole set of beliefs, values, cultural and social behaviour patterns governing the lives of the societies concerned. Clearly, therefore, the survival of these traditions is justified, at least in the eyes of the societies concerned, which cannot have realized that some of their traditions are harmful or retrograde.

9. Such practices could have remained the exclusive, untouchable heritage of traditional societies if those societies had remained isolated from a world which, since the last century in particular, has been plunged into a new era marked by revolutions in technology, politics, society, economics and culture. The effect of these revolutions has been to sweep away the old certainties and transform old attitudes as radical change, accompanied by technical achievements and advances, has shortened distances, brought continents closer together and demolished all frontiers. Against the irresistible advance of this wave, no country - far less its usages, customs and traditions - could remain hidden, isolated or ignored.

10. Female circumcision, which is still the practice today, chiefly in Africa, used to be a taboo subject that few, even among the continent's officials and elites, dared to mention. Internationally, no study or positive recommendation could be made on any culturally related practice that carried a high emotional charge.

11. In 1952, the Commission on the Status of Women took up the question for the first time apropos the status of women in Trust and Non-Self-Governing Territories: unproductively, and not without reason. In the colonial era all foreign interference was rejected by the peoples concerned as deliberate aggression against their traditional culture and values. The revolution in Kenya against the English colonialists was justified, said Jomo Kenyatta, by their efforts to force the people to abandon female excision.

12. Even the World Health Organization, which the Economic and Social Council asked in 1958 to take up the question, avoided acting on the request, arguing that the ritual operations in question were based on social and cultural backgrounds, the study of which was outside the competence of WHO.

13. In the early days of independence some African women tried to point out the dangers of excision, but the time was not ripe for such a controversial

question and there was a violent public reaction. Since 1970, however, a number of women's associations and non-governmental organizations, International Federation Terre des Hommes among them, took up the problem seriously. In 1981, while the report of the Working Group on Slavery was under consideration, the question of female circumcision was raised by one non-governmental organization.

14. At the time, the Special Rapporteur was firmly against the Sub-Commission's taking up the matter: she felt that the discussion had got off to a very bad start, with hostile references to a certain religion and community to the exclusion of any other objective information or factors.

15. In 1982 the subject was raised again in the Sub-Commission, this time properly and objectively. The additional information gathered by the NGO concerned had shown the practice to be current in Islamic and Christian societies as well as in Ethiopian Jewish and African animist ones. As a result, the Sub-Commission adopted resolution 1982/15 of 7 September 1982 requesting two of the experts serving on it to carry out and present a study on all aspects of the problem and how it might best be remedied.

16. In 1983 the Sub-Commission, by resolution 1983/1, addressed a recommendation through the Commission on Human Rights to the Economic and Social Council, that it authorize two experts from the Sub-Commission to conduct such a study. But things in the Commission on Human Rights were less straightforward. A number of representatives of African countries where the practice was current were unenthusiastic about the Sub-Commission's proposal. The representative of Senegal came to the rescue by changing the title of the proposal and calling for a vote on a resolution requesting a study of traditional practices affecting the health of women and children.

17. The Sub-Commission therefore decided to set up a group whose mandate was to study all aspects of the problem, since it would comprise two experts from the Sub-Commission plus representatives from the United Nations Educational, Scientific and Cultural Organization, World Health Organization and the United Nations Children's Fund. The question of female excision having been watered down in the title of the study, the Commission passed a resolution setting up the group; the group held its first session at Geneva in March 1985. Although no longer a member of the Sub-Commission, Ms. Halima Warzazi was, exceptionally, designated to represent the Sub-Commission with the Indian expert, who proposed that she should chair the Working Group. Many NGOs contributed enthusiastically to the Group's work. Only at its third and last session, however, did three countries join the Group: China, Ethiopia and Senegal.

18. At its first session, the Working Group conducted a broad exchange of views on traditional practices affecting the health of women and children. When the time came to select among the harmful practices for the Group to concentrate on, the representatives of WHO and UNICEF raised objections regarding the priority to be accorded to female circumcision. They referred to the authors of the resolution in the Commission on Human Rights, who, they believed, had not been thinking exclusively of excision when they drafted it.

19. Their arguments were understandable, but since the NGOs and the Sub-Commission had taken such trouble to put the question on the international agenda, means had to be found of getting around the problem. It was therefore suggested that the Group should draw up a list of the most harmful traditional practices for women and children, and arrange them in order of priority according to certain criteria:

(a) The extent of the phenomenon and the associated mortality and morbidity;

(b) The possibility of modifying the practice;

(c) The degree of awareness of the practice among the international community and, furthermore, the documentation available.

20. The list presented to the Group by the representative of WHO, who was assigned to produce it, comprised female excision, other forms of mutilation (facial scarring), the force-feeding of women, early marriage, various nutritional taboos and traditional practices associated with childbirth. The problem of dowries in certain parts of the world, crimes of honour and the consequences of son preference were also mentioned.

21. On the basis of the criteria established and the direct effects of the various practices on women's health and development, all members of the Group were persuaded to take up excision first. Thus the NGOs, the Sub-Commission and some of the experts on the Working Group accomplished their objective, since the Group considered female excision at length on the basis of reliable and worthwhile information, considering all the points it had laid down in order to cover all aspects of the problem.

22. Given the reactions in the Commission on Human Rights, the Chairman/Rapporteur insisted that the Group must be cautious in drafting its report to the Commission: the ill effects of excision on the health of children and women must be clearly set out while not going into certain issues which, though valid in the West, were regarded as antagonistic to the moral values of traditional societies. Moreover, the Group must not pass any kind of judgement that might give offence. Throughout, the Group had shared the NGO opinion that excision was a violation of human rights by the standards laid down in international instruments, but saying so outright, verbally or in writing, would not advance the cause.

23. Thus the report was careful to avoid such an error. It was wiser to let readers, in particular those most concerned, realize the seriousness of the problem by themselves. Thus, in the conclusions - more specifically in the part dealing with consequences - the report reads:

> "It is interesting to note that some traditional practices were aimed, in traditional societies, at the closer incorporation of the individual within his social environment in order to enable him to benefit from all the rights of the individual which these societies recognized.

> "Today, because of the evolution in traditional societies due to various factors, these traditional practices are at variance with new standards defined by various international agreements relating to human rights."

24. The report indicated that in the light of those principles, all countries that had ratified the international instruments were confronted with the incompatibility that existed between the obligations they had assumed as States parties to the various agreements and the maintenance of certain traditional practices, especially since the practices had proved injurious to the physical and mental health of women and children.

25. The Working Group having completed its study within the deadline set, its report was introduced in the Commission on Human Rights at its forty-second session, in 1986. The reaction was not long in coming. In March 1998 the Commission asked the Sub-Commission to consider measures to be taken at the national and international levels to eliminate such practices and to report to it.

26. And so it was that the Sub-Commission was called upon to appoint a special rapporteur and to study the question closely through the various reports submitted to it beginning in 1989. At the Sub-Commission's suggestion, the Commission gave its approval in 1990 for two seminars on the question of harmful traditional practices affecting women and children.

27. The aim of the seminar held in 1991 in Burkina Faso, bringing together some 15 experts from around the African continent, was to assess the human rights implications of certain practices such as female circumcision, son preference and traditional birth practices, and to gather information from participants on measures taken at the governmental and non-governmental levels. The experience was extremely rewarding.

28. The tone was set by the President of the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children in Africa (IAC), who presented a keynote paper. Participants embarked on a discussion of the difficulties and obstacles she mentioned, and the questions and answers given revealed the extent of the interest taken in the topics under consideration, female circumcision in particular.

29. Factors mentioned were the rigidity of traditions, the socio-cultural milieu that perpetuated them, underlying economic factors, the religious factor which gave men preference over women, the inheritance system, disparities between the sexes in matters such as education, the role played by women in perpetuating traditions unfavourable or harmful to them, and the ignorance and poverty from which women in particular suffered.

30. Each representative described the situation in her country and governmental and non-governmental action taken to raise awareness among all members of society and eliminate harmful practices. They pointed out, however, that the question had not received the attention it deserved in most of the States concerned. The persistence of such practices was due to a lack of political will among Governments and the failure to inform and educate the

public. On the basis of that observation the seminar adopted a series of recommendations on action to be taken nationally and internationally.

31. Participants regretted the absence of the Organization of African Unity (OAU) and requested it to take up the question. The seminar would trace the broad lines of action to be followed within the Sub-Commission. It would also show the way for participants at the second seminar, held three years later in Sri Lanka.

32. The second seminar discussed the same problems as the Burkina Faso meeting, including in particular harmful practices affecting women in Asia such as marriage and dowry and their socio-economic consequences on young women, the status of divorced women, and violence, including mutilation and immolation.

33. Under the first agenda item, much was said about the consequences of son preference, which is a virtually worldwide phenomenon, female infanticide, selective abortion, the role of women in the persistence of favouritism towards boys, and the socio-economic and religious reasons underlying that preference.

34. One of the consequences of the practice could be seen in simple statistics drawn up by population experts, indicating that despite women's greater biological sturdiness the proportion of women, who should logically outnumber men, had in Asia fallen alarmingly below that of men. It was remarked in that connection that Asia was a land of contrasts, where several countries had female prime ministers but where girls were of value in their parents' eyes only if through their labour or activities they could provide their parents with economic security.

35. Harmful practices associated with pregnancy, childbirth and early marriages were discussed, but violence against women and means of putting an end to it received particular attention. It was accepted that violence was a universal phenomenon, but the forms it took were different. Domestic and social violence, rape, women's lack of control over their fertility, incest, prostitution, women who were battered, burnt or married against their will, and the silence that surrounded such massive and continual violations, were discussed at length.

36. In fact, the seminar concluded, for a substantial majority of women the cycle of violence began when a girl was born and ended in neglected old age. Female circumcision, it was said, existed in some countries but was not, unlike in Africa, a matter of mutilation but simply a small incision with no health effects. Nevertheless, women's organizations in the region had studied the problem and embarked on negotiations with religious officials, given that the practice was attributed to Islam in the countries concerned.

37. As in Burkina Faso, participants spoke of the need for Governments to demonstrate their commitment, of education for women, of women's access to political and economic power, of the mobilization of well-intentiond people, and, of means of protecting women and girls. Following the discussions and in the light of the two seminars, a draft programme of action was drawn up

covering female circumcision, son preference, marriage and related practices, and violence. The programme of action would be adopted by the Sub-Commission in August 1994.

II. NATIONAL, REGIONAL AND INTERNATIONAL INITIATIVES

A. National initiatives

38. This section will briefly outline initiatives taken nationally by certain countries where traditional practices affect the health of women and the girl child, for their efforts deserve to be singled out to encourage other countries to do likewise. It is interesting to note that these governmental initiatives often reflect changes in public opinion, both in communities particularly affected by the phenomenon and elsewhere.

39. The Special Rapporteur notes the new law passed by the Senegalese Parliament prohibiting female sexual mutilation. The legislation was inspired by the women of the Senegalese village of Malicounda who launched a movement to do away with female excision, a practice deeply rooted in Senegalese society, some years ago. The women's determination to overcome deeply entrenched beliefs persuaded husbands and village elders to vow to end the practice. The movement spread to other villages, particularly after President Abdou Diouf threw his weight behind it. The legislation, which calls for heavy fines and prison terms, will, according to the Senegalese President, be applied with discernment. So far Burkina Faso, the Central African Republic, Djibouti, Ghana and Guinea have prohibited female sexual mutilation.

40. It should also be noted that public awareness campaigns mounted over the years in Togo by the Government and non-governmental organizations, among them IAC, the African Association of Education for Development (AFRIDEV) and the Togolese Association for Family Welfare (ATBEF), led to the adoption on 13 October 1998 of a law prohibiting female genital mutilation. The law, passed unanimously by the National Assembly, makes both the performance of such practices and incitement to them punishable. The penalties range between 2 months and 10 years' imprisonment and fines of 100,000 to 5 million CFA francs.

41. The Special Rapporteur wishes to draw attention to the decision by the Egyptian Council of State on 28 December 1997 that it was "henceforth prohibited to practise excision even in cases where the girl and her parents give their consent". "Circumcision of girls is not a right of the individual under the Shariah ... nothing in the Koran authorizes it", the Council stated, thus rejecting the opposite argument invoked by extremists. The importance of that decision should not be underestimated, given that it comes from a country that has always been at the centre of Islamic jurisprudence and studies. The Council of State's decision thus puts an end to the manipulation of Islam and deals a fatal blow to those who used to defend circumcision on religious grounds.

42. Other public initiatives, not always supported by the authorities, deserve mentioning. More and more women are rebelling against traditional practices when their own daughters must undergo them. The press carries more

and more laudable reports of mothers doggedly taking on their families and local communities thanks to campaigns on the radio alerting the public to the consequences of female excision, and thanks also to the instruction given by some women's organizations.

41. Last year the Special Rapporteur's attention was caught by a promising experiment in Kenya. An American non-governmental organization, The Program for Appropriate Technology (PATH), in collaboration with a Kenyan national women's group, launched an interesting experiment aimed at replacing the rite of female circumcision by "modern rites of passage". Recognizing the importance that local people attached to girls' initiation allowing them to take their place within the community, the NGO and the Kenyan women's group used all their talents and persuasion over three years to convince rural families in a small village to take part in the alternative ritual. The programme, which does away with any mutilation, encourages girls ready to assume their adult responsibilities to seclude themselves for a week during which they receive parts of the traditional education on their future roles as women plus more modern material on health, reproductive problems, effective means of communication, self-respect and esteem and how to deal with problems they may encounter in their lives as women. The community celebrates the end of this week of initiation with songs, dances and a feast. At the end of the initiation the girls join adult society without circumcision.

44. According to recent information from IAC, which went to the Dodoma region of Tanzania in September 1998 as part of a follow-up mission to programmes to combat female genital mutilation, a mutilation-free initiation ceremony has been held there for the first time. During a ceremony in the Wagogo community in the village of Mapinduzi (Dodoma region), an 'elder' retraced the history of female genital mutilations within the community. He said that excision was a tradition inherited from their ancestors which prepared girls for becoming adults and mothers. A girl who had not undergone excision would not find a husband and would be regarded as pariah, with no rights. Information campaigns and constant community awareness campaigns against female genital mutilation by "village agents" among the groups concerned have brought about a change in attitudes towards such practices. The change had encouraged the village agent to suggest an initiation ceremony without mutilation to groups of 13 girls aged between 10 and 13. Instruction had begun two weeks before the ceremony proper, and the girls had learnt how to keep house, had been taught about hygiene and sexual education etc. For the main ceremony the girls had to sit on the ground; a bowl of three different colours of sorghum was passed over their heads, the three colours representing the cycles in a woman's life. The girls were then asked to open their hands to show their readiness to listen to the instruction they had been given, including a sexual education which emphasized the importance of having no sexual relations before marriage.

45. These examples illustrate one of the Special Rapporteur's oft-expressed convictions, namely that educating and informing the population concerned about the phenomenon are key elements in efforts to combat traditional practices affecting the health of women and the girl child. Similarly, the Egyptian example referred to once again in this report emphasizes the need for religious authorities to speak out clearly against such practices.

46. As regards the ritual enslavement of girls, called trocosa, to which the Sub-Commission's attention has been drawn, it may be noted with satisfaction that the practice, like forced marriage, has just been declared illegal by the Ghanian Government. Any ritual involving any form of enslavement or forced labour is now prohibited under the new Criminal Code.

B. Regional initiatives

47. Once again the Special Rapporteur welcomes the initiative of the Intra-African Committee on Traditional Practices Affecting the Health of Women and Children which, together with the Gambian Committee on Traditional Practices (GAMCOTRAP), organized a symposium for religious leaders and medical personnel in Banjul, Gambia, from 20 to 24 July 1998. The objective of the symposium was to establish a dialogue between religious leaders and medical personnel on the religious and medical aspects of female genital mutilation, to draw up recommendations emphasizing the religious and medical viewpoints on the practice, and to define medical and religious strategies for overcoming the problem of violence, genital mutilation in particular, against women.

48. The symposium was attended by 26 religious leaders and medical personnel from 11 African countries, including Burkina Faso, Gambia, Mali, Mauritania, Niger, Nigeria, Senegal and Sudan. The adverse effects of female genital mutilation on the health, psychosocial and socio-economic welfare of women and girls were discussed at length, with emphasis on the "human rights" dimension of the situation.

49. Participants agreed that female genital mutilation was not prescribed by any religion; it was in fact a cultural, not religious, matter and should be viewed as such. At the close of the meeting an appeal was made to all religious leaders to support national laws and international moves to prohibit such practices. Religious leaders were also called upon to make public statements clearly affirming that female genital mutilation, early marriage and other forms of violence did not derive from religion and went against religious teachings. The religious leaders unequivocally condemned the use of religion to justify such practices; they emphasized the importance of information campaigns to put an end to them.

50. Participants agreed that activities should be based on information and education campaigns to make the public aware of the problem. At the close of the symposium they issued a communique, a declaration and recommendations condemning and demanding the eradication of genital mutilation and other harmful traditional practices.

51. The Special Rapporteur notes with satisfaction the adoption, by the OAU Council of Ministers at its sixty-eighth session, in July 1998, of the Addis Ababa Declaration on Violence against Women at the close of the symposium for legislators organized by IAC in September 1997. The Declaration was later endorsed by the Assembly of Heads of State and Government. The adoption of the Declaration is an important step towards the formulation of an African charter on violence against women, which would help in passing national laws against female genital mutilation and other practices regarded as forms of violence against women and the girl child. The Organization of African Unity has a leading role to play in this process. The Special

Rapporteur hails this development because OAU has been asked to take such a step since 1991. As an immediate follow-up, IAC has suggested the establishment of a task force to study existing national legislation and regional and international instruments and put forward a model law that Governments can amend as necessary before adoption and implementation. A second symposium for legislators is planned.

52. Among more recent regional initiatives, mention should be made of the regional workshop on concerted action against the practice of female genital mutilation in West African Economic and Monetary Union (UEMOA) member countries (Burkina Faso, Niger, Senegal, Mali) organized by the Burkina Faso Ministry of Regional Integration in collaboration with the Ministry for Social Action and the Family and the Ministry for the Advancement of Women and held in Ouagadougou from 4 to 6 May 1999. Some delegations were headed by senior officials. In exchanges of experiences it was found that regional committees were making headway in their campaign against the practice of female genital mutilation despite numerous financial, material and human problems.

53. The workshop comprised two working groups. The first reviewed legal provisions at the national, regional and international levels and how applicable they were in the UEMOA area. It made three recommendations: preparation of an African charter on female genital mutilation; the adoption of specific legislation against female genital mutilation in all UEMOA States; and ratification by all UEMOA States of regional and international instruments relating to the protection of women and girls; and the establishment of subregional networks of traditional and religious leaders and modern and traditional communicators to support the national committees in their campaign against female genital mutilation within the UEMOA countries.

54. The second working group was concerned with the formulation of a programme within the UEMOA area to eradicate female genital mutilation by the year 2010. The programme it drew up is based on consciousness-raising, the adoption of a common law against the practice, institutional capacity-building in the national committees, which should, it is said, be attached to the departments in charge of the campaign against female genital mutilation, the conversion of female excisionists, and the formulation of a media plan. The group also made recommendations on the financing of the activities of national committees and on educating women about reproductive health and female genital mutilation. A declaration known as the Declaration of Ouagadougou was adopted at the end of the Workshop (see annex).

F. International initiatives

1. World conferences organized by the United Nations

55. The topic of traditional practices dangerous to the health of women and the girl child has been discussed at several United Nations world conferences. The Vienna Declaration and Programme of Action adopted at the World Conference on Human Rights in 1993 expanded the scope of the international programme on human rights, emphasizing that "gender-based violence and all forms of sexual harassment and exploitation, including those resulting from cultural prejudice and international trafficking, are incompatible with the dignity and worth of

the human person and must be eliminated". The Conference urged Governments to take steps to combat harmful traditional or customary practices, including female infanticide.

56. The Beijing Declaration and Platform for Action adopted at the Fourth World Conference on Women in 1995 deal with harmful traditional practices under a number of the key areas they identify. Consistent with the Declaration on the Elimination of Violence against Women adopted by the General Assembly in 1993, they define violence against women as encompassing dowry-related violence, female genital mutilation and other traditional practices harmful to women, female infanticide and prenatal sex selection. They emphasize the harmful effects of certain traditional and customary practices affecting women and the girl child, and call on Governments to take legislative steps to eliminate these practices and acts of violence against women.

57. The above documents also mention the specific effects of certain traditional practices on the girl child, and the Platform for Action states that the reasons why men outnumber women in certain parts of the world include harmful attitudes and practices such as female genital mutilation, son preference (which results in female infanticide and prenatal sex selection), early marriage, including child marriage, and discrimination against girls in food allocation. The Platform suggests concrete steps for Governments to take to do away with cultural attitudes and practices that harm girls.

58. The Programme of Action adopted at the 1994 International Conference on Population and Development called on Governments to take action to stamp out female sexual mutilation and protect women and the girl child against such unnecessary and dangerous practices.

2. Activities by United Nations specialized agencies and bodies

59. Following up on the initiatives taken in the Sub-Commission and elsewhere (see section 1), a number of United Nations specialized agencies and bodies are actively engaged in efforts to eliminate traditional practices affecting the health of women and the girl child, through joint activities or individually. As regards joint activities, mention should be made of the joint statement issued in April 1997 by WHO, UNICEF and UNFPA, expressing the common purpose of the three organizations in supporting the efforts of Governments and communities to promote and protect the health and development of women and children, and stressing their complementary strengths in and focus on strategies to eliminate female genital mutilation.

60. UNICEF has addressed issues such as female genital mutilation, female infanticide, selective abortion, devi and devadasi (temple prostitution) in India and Nepal, early marriage, food taboos and other traditional harmful practices. In October 1994 it issued an executive directive on female genital mutilation which condemned the practice for aggravating morbidity and mortality among women and girls and violating their basic rights, and recommended guidelines for action. In 1995 it developed a strategic framework and programming guidelines to eliminate female genital mutilation, setting out measures to be introduced at the operational programme level. It has adopted a comprehensive regional strategy to eradicate female genital mutilation in

eastern and southern Africa, including Ethiopia, Eritrea, Kenya, Somalia and Uganda, and taken other action in the region and in Egypt, Sudan, Senegal, Burkina Faso, Mali and Gambia. More recently its efforts have focused on the synthesis and analysis of experience and the production of materials for education and behaviour change. Indicators and means of evaluating regional and national initiatives have been developed. UNICEF plans to review global experience in this regard in collaboration with WHO and UNFPA.

61. In the follow up to the International Conference on Population and Development and the Fourth World Conference on Women, UNFPA committed itself to contribute to the elimination of all forms of harmful cultural, economic, social and political practices that affect the well-being and integrity of both women and men. Its efforts as regards the elimination of female genital mutilation, have focused on advocacy and public education, training and research. The Fund has also supported initiatives to increase public awareness of the adverse effects of the practice. It has supported community-based workshops designed to assist the community in examining the practice, recognizing its harmful aspects, and replacing it with socially relevant ceremonies. In 1998, for example, it bestowed the United Nations Population Award on the northern Ugandan Sabiny Elders' Association for its participation in the REACH (Reproductive, Educative and Community Health) Programme which substituted gift-giving and public celebration for female genital mutilation. UNFPA has encouraged Governments to remove administrative and political obstacles, increase public awareness through all channels, such as the media, formal and other educational programmes, and engage in continuous collaboration and consultation with non-governmental organizations. Other action taken by UNFPA has included the appointment of Ms. Waris Dirie as Special Ambassador for the Elimination of Female Genital Mutilation in 1997.

62. The World Health Organization's four main strategies in combating traditional practices have been to play an advocacy role, by emphasizing the importance of action against harmful traditional practices at the international, national and regional levels; to initiate and coordinate research and development activities at the country level and to monitor their progress; to support national authorities, networks, organizations and groups in developing relevant policies, strategies and programmes; and to support the training of health professionals in the prevention of traditional practices, including female genital mutilation, and the management of their health consequences. In March 1997 it launched a Regional Plan of Action to Accelerate the Elimination of Female Genital Mutilation in Africa, setting out the goals for each country to attain. It is currently preparing a comprehensive study entitled "Female genital mutilation: an overview".

63. As part of its activities to implement the Plan of Action for the Elimination of Harmful Traditional Practices Affecting the Health of Women and Children, UNESCO has developed a programme to improve biology curricula in schools, which involves the inclusion of information on the negative effects of female genital mutilation. It has also incorporated information on the specific needs of women and children in its formal and non-formal education programmes, and has collected information on the impact of such educational programmes on efforts to eradicate harmful traditional practices.

64. In 1994, UNHCR revised its guidelines on refugee children to incorporate the principles of the Convention on the Rights of the Child. The revised guidelines contain a chapter on health which urges field staff to give high priority to health education regarding harmful traditional practices such as female genital mutilation and the health implications for girls of early marriages and early pregnancies. UNHCR has also issued a memorandum for its field staff (UNHCR/IOM/83/97) with a specific reference to dangerous traditional practices, including female genital mutilation, early childhood marriage, son preference and dowry-related violence. In addition, in its guidelines on the protection of refugee women, it notes that "women may also flee their country because of severe sexual discrimination, either by official bodies or in local communities". It has encouraged countries to consider that persecution faced by women because of perceived transgressions of social mores should be recognized as grounds for refugee status. In its work in refugee camps, UNHCR recognizes that while the social, cultural or religious traditions of refugee communities must be respected, attention needs to be given to certain customs that have harmful effects, especially on women and girls. Its field staff work closely with women leaders, traditional birth attendants, religious leaders and community health workers in refugee camps to disseminate information about the dangers of such practices to physical and mental health.

65. A number of the bodies established under human rights treaties, such as the Human Rights Committee, the Committee on the Elimination of Discrimination against Women and the Committee on the Rights of the Child, have addressed traditional practices affecting the health of women and girls in their consideration of States parties' reports.

66. The Committee on the Elimination of Discrimination against Women pays particular attention to measures taken by Governments to eliminate prejudices and discriminatory practices that rooted in the idea of the inferiority or superiority of either of the sexes or in stereotyped roles for men and women. Although the information in States' reports on traditional customary practices affecting women and girls is scant, where States parties appear to have such practices, the Committee makes specific recommendations to eliminate them in its concluding comments. Some reports have led the Committee to express dismay at the persistence of discriminatory practices including female circumcision, polygamy, lobola (bride price), witch-burning, food taboos, inhumane rites undergone by widows, one-sided repudiation, and unequal subsistence rights and shares. The Committee has condemned such practices as gravely offending the dignity of women, impeding their advancement and impairing the health of future generations, and has made reference to particular vulnerability of rural women. Since 1990 it has adopted a number of general recommendations, including recommendation 14 on female circumcision, and recommendation 19, concerning violence against women and dealing with forced marriage, dowry death, acid attacks and female circumcision; it also recognizes that traditional practices, including dietary restrictions for pregnant women and son preference, are potentially harmful to the health of women and children. In general recommendation 21, concerning equality in marriage and family relations, the Committee has identified early marriage and motherhood as factors that can adversely affect the health of

women and girls. The Committee is currently preparing a general recommendation on article 12 of the Convention (women and health), which will address the issue of female genital mutilation.

67. The Committee on the Rights of the Child regularly expresses deep concern at certain traditional practices, including early marriage, teenage pregnancy, dowry (in Bangladesh), trokosi (ritual enslavement of girls in Ghana) and female genital mutilation; it has noted that such practices result in girls' being deprived of their rights to survival, health, nutrition and education.

68. During its consideration of certain reports, the Human Rights Committee has noted the persistence of traditional practices and customs which deprive women and girls of their rights, human dignity and lives and impede implementation of the International Covenant on Civil and Political Rights. It has also pointed out that existing legislative measures to outlaw child marriages, dowry and dowry-related violence and suttee (self-immolation by widows) are inadequate; it has expressed concern at practices such as son preference, sex-selective abortion, female infanticide, devadasi (where young girls are pledged for life to temples by their parents in return for heavenly favours) and conjugal rape.

III. GENERAL INFORMATION COMMUNICATED TO THE SPECIAL RAPPORTEUR

69. Among the general information communicated to the Special Rapporteur, inter alia, on traditional practices other than female genital mutilation, many Governments have told her of moves to abolish discrimination against women and violence, including domestic violence, and action to implement the Convention on the Elimination of Discrimination against Women and the Convention on the Rights of the Child. The Rapporteur cannot but remark on the meagreness, not to say absence, of information on other harmful traditional practices such as crimes of honour, the problem of dowries and female infanticide, particularly from the Asian countries which are conspicuous by their lack of replies. Some non-governmental organizations and press reports, nevertheless, have made her aware of certain facts.

70. Thus the Special Rapporteur has learnt of a practice which still seems to be current in Iraqi Kurdistan: followed by certain noble tribes, it is said to consist in burning women or forcing them to commit suicide by setting fire to themselves. The authorities concerned must confirm or deny this report.

71. According to the 25 May 1999 issue of the daily Chark El Awsat, 500 women were killed in Pakistan in 1998, supposedly to uphold their families' honour. "Crimes of honour" are commonplace in the Pakistani countryside where daily life is influenced by tribal and feudal mores. The cause may be a snub to the family resulting from a refusal of marriage by the intended's parents, a decision to divorce, or an amorous escapade. In most instances the case is not brought to court; even when a prosecution is brought, it is unusual for a long prison term to be handed down. Recently, after a crime of honour, the Government published a communiqué condemning it in these terms: "We think there is nothing noble about such behaviour, which represents extremist violence against women and is against the principles of

the Islamic Shariah, which inclines to tolerance." Many human rights champions believed, nevertheless, that the communiqué was not forceful enough.

72. It would be superfluous to emphasize the tremendous efforts made by non-governmental organizations to eliminate all harmful traditional practices and encourage those that promote solidarity and respect and are beneficial to the health of women and mothers. These have certainly been successful, but patience and perseverance are still needed given the tenacity of such practices and the very limited financial resources and material assets available to the NGOs. Mrs. Bellamy, the Executive Director of UNICEF, recently remarked that financing programmes was a major challenge, and re-emphasized the need to give Governments and NGOs, including local NGOs committed to the struggle to eliminate harmful traditional practices, every assistance.

73. Universities in several countries, including the United States, have taken an interest in harmful practices, and their bulletins and studies reflect their concerns and recommendations (the Special Rapporteur is thinking in particular of the Buffalo Human Rights Law Review, volume 4, 1998). The mass media have also taken up the challenge and published articles which, in the main, repeat information already in circulation. In some countries, however, such public awareness campaigns, given the tone and the terms used in the articles, have had distressing consequences. Such discussions of traditional practices and female genital mutilation in particular also occur in the courts, in cases brought by NGOs or other individuals supposedly working to eliminate such practices. On occasion during these trials the records reflect a complete lack of respect for those accused and the disdainful and sometimes racially tainted tone adopted by the public prosecutor and counsel for the prosecution. Counsel for the defence has not always insisted on respect for the sensibilities and traditional values of individuals who continue to maintain, during the trials, that they regard female circumcision as a positive tradition they have inherited from their ancestors, and have been brought up to believe that it should be respected and preserved.

74. If there is one other question that is dear to the Special Rapporteur's heart, it is how harmful traditional practices are regarded in the so-called host countries. According to recent information, Maisha, an organization of African women living in Germany which works with European and African women's associations fighting against female excision, has voiced its disapproval of the way in which the topic is treated in Germany. The German media treat it as a sensational oddity, going so far as to publish photographs of circumcised women, who resent such publication as an additional violation. According to Maisha, the German authorities tell neighbours and doctors they must report all cases of girls undergoing excision, whereas prosecutions of people engaging in such practices should be undertaken only with the agreement and testimony of the girls who undergo them. One consequence of this policy is said to be that mothers refuse to take their daughters to the doctor. Maisha believes that individuals must be convinced to give up such practices, but without attacking their cultural heritage or treating them with disdain.

75. Here the Special Rapporteur would like to bring to the attention of the Sub-Commission the statement she made jointly with the Special Rapporteur on

violence against women in connection with the recent trial in France of Hawa Greou, a French woman of Malian origin, sentenced to eight years in prison for performing excisions on some 50 girls. The two Rapporteurs pointed out that the importance attached to certain traditional practices in some communities must be taken into account. Both firmly and unequivocally condemned all practices that violate individuals' physical integrity. They felt, nevertheless, that punishments and sentences based on value judgements could sometimes be counter-productive and encourage communities to close ranks and cling to practices which, although harmful and for the most part clandestine, are nonetheless the only means they have of expressing their cultural identity. Such practices should not be condemned in the courts except as a last resort when education, information and the proposal of alternative rites that do not injure women and girls have not been successful. Training, information and education, especially in countries with high levels of immigration and appropriate physical and financial means, are the best means of combating harmful traditional practices effectively and freeing women and girls from obscurantism and violence.

76. The Special Rapporteur feels it is essential to act with tact and patience, bringing the communities concerned to understand that their cultural values are not to be confused with cultural practices, and that the practices can be changed without adversely affecting the values as such.

77. More and more anthropologists and other experts support the training and education approach. Traditional practices such as female genital mutilation, which are deeply entrenched across generations, cannot be treated as intentional forms of child abuse.

IV. SUMMARY AND CONCLUSION

78. Once again the Special Rapporteur would like to warn against the dangers of demonizing cultures under cover of condemning practices harmful to women and the girl child. The reports she has received from the press and elsewhere show how easy it is for the media, particularly in the West, and even when they believe they are defending the victims, to resort to racist imagery and demonize cultures, religions and entire communities. She recalls the inspired words of François Virot: "Nothing that exists is savage or barbarous, but we all describe as barbarous anything that is not our custom".

79. The Special Rapporteur calls on all countries with large inflows of immigrants to develop and put into effect programmes to combat harmful traditional practices in accordance with their national laws and international standards, but always with due respect for the cultural values of the migrant population groups and without denigrating their cultures or treating the societies concerned with disdain or an air of superiority.

80. The Rapporteur notes with satisfaction the yearly increase in the numbers among the general public in countries particularly affected by the phenomenon who are taking an interest in it. She welcomes the initiatives taken within the communities concerned: this is an important step forward in changing attitudes. She also wishes to pay tribute to non-governmental organizations for their devoted efforts to combat such practices, and for their help to her in carrying out her mission. Special mention should be made

of the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children. Similarly, NGOs have been doing a remarkable job of consciousness-raising, information, training and providing material and financial assistance, thus making a substantial contribution to the campaign against such practices.

81. If it is to attain its goals, the campaign must rely on political will in official circles, the eradication of illiteracy, public education, and the rehabilitation of women's image, giving women confidence and respect for themselves and enabling them to realize their potential and the valuable contribution they make to the well-being, security and progress of society.

82. The road ahead is long, but once women are reconciled with themselves, once they have economic autonomy and control of their fertility, they will be for ever free from the thrall of harmful traditional practices.

Annex

THE OUAGADOUGOU DECLARATION

We, Parliamentarians, Ministers of Integration, Ministers of Social Affairs and Promotion of Women, Presidents and Members of the Inter-African Committee (IAC) on Traditional Practices Affecting the Health of Women and Children, Government Civil Servants, participating at the Regional Workshop on the Fight against Female Genital Mutilation (FGM) in the member countries of the West African Economic and Monetary Union (UEMOA), held from 4 to 6 May 1999 in Ouagadougou, Burkina Faso;

After careful analysis of the situation of FGM in the UEMOA region;

Recalling the Addis Ababa Declaration on FGM, adopted at the sixty-fourth session of the OAU Assembly of Heads of State and Government, held in Ouagadougou in June 1998;

Taking into account the Declaration of Religious Leaders issued at the symposium held in Banjul, July 1998, on FGM as a form of violence against women;

Taking note of the readiness and commitment of international organizations such as the United Nations, the Organization of African Unity, UEMOA, etc. to support any action undertaken in view of the eradication of FGM;

Considering the evident political will of Governments members of UEMOA to combat FGM;

Noting with bitterness the phenomenon of migration of circumcisers within the UEMOA region;

Considering that, despite the multiple efforts made by IAC national committees and other bodies to eradicate FGM in Africa, this practice remains a vital concern;

Considering the importance of traditional and modern means of communication as essential links in the eradication process;

Considering that the eradication of this plague within a reasonable time-frame calls for a concerted action at national, subregional and regional levels;

Hereby declare that the UEMOA region is a privileged network for dialogue, harmonization, implementation and follow-up of joint activities to combat FGM;

Reaffirm the determination of the Inter-African Committee to collaborate with other partners, NGOs and associations for the total eradication of FGM by the year 2010;

Calls upon United Nations agencies, embassies and partners in development to reinforce their technical, financial and material support towards FGM programmes;

Recommend the following:

- The effective implementation of the Addis Ababa Declaration through the adoption of national legislation condemning the practice of FGM;

- The ratification of all United Nations and International Labour Organization conventions and recommendations pertaining to women's rights, particularly the United Nations Convention on the Elimination of All Forms of Discrimination Against Women;

- The creation of national networks of religious and customary leaders as well as networks of traditional and modern communicators with a view of setting up subregional networks;

- The establishment of a mechanism of collaboration with and support to IAC national committees through groups such as parliamentarians, jurists, media personnel, police forces and health professionals;

- The establishment of special services in charge of controlling the migratory flow of circumcisers;

- The creation of a subregional follow-up mechanism in collaboration with IAC national committees within the UEMOA region;

Launch an urgent appeal to all member States of UEMOA for effective implementation of the present Declaration.

Ouagadougou, 6 May 1999